CHANGING PATTERNS OF MATERNITY CARE AND CHILD WELFARE

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the medical missionary

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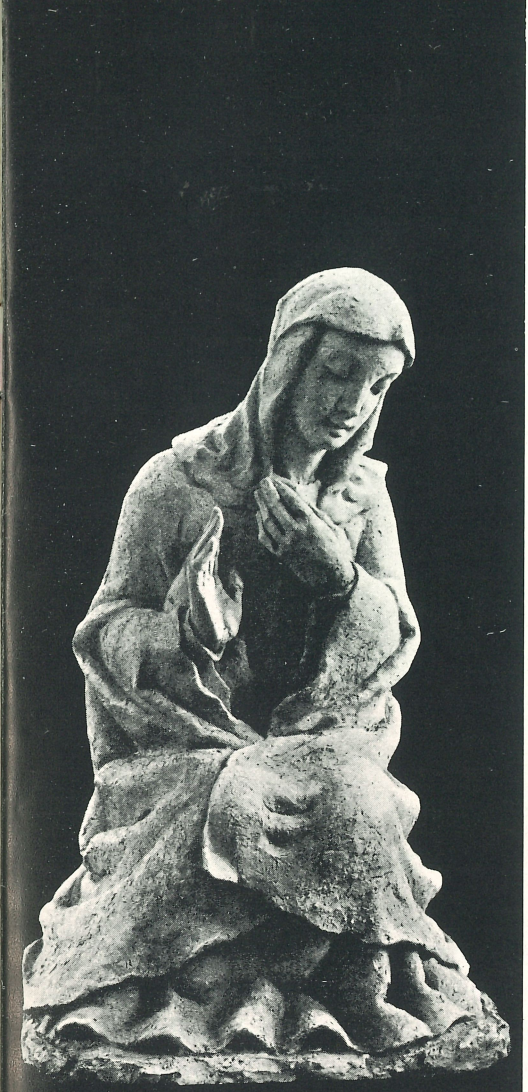


HAIL TO HER WHO CARRIED THE LORD

ADVENT

Sing it early in the morning watch, sing it softly softly into the world's dark ear.

Sing it on your knees, sing it as though under veils, sing it as women sing when they are with child:

For He who is strong has become tender, the Infinite has become small, His power now is kindness, the Exalted has put on humility.

He finds room in the chamber of a maiden: His throne will be on her lap—a cradle song will be enough praise for Him.

See, the days will not dawn for piety, and the nights are dark with awe.

I will kindle lights, O my soul, I will kindle joy to all the earth of your humanity:

Hail to her who carried the Lord!

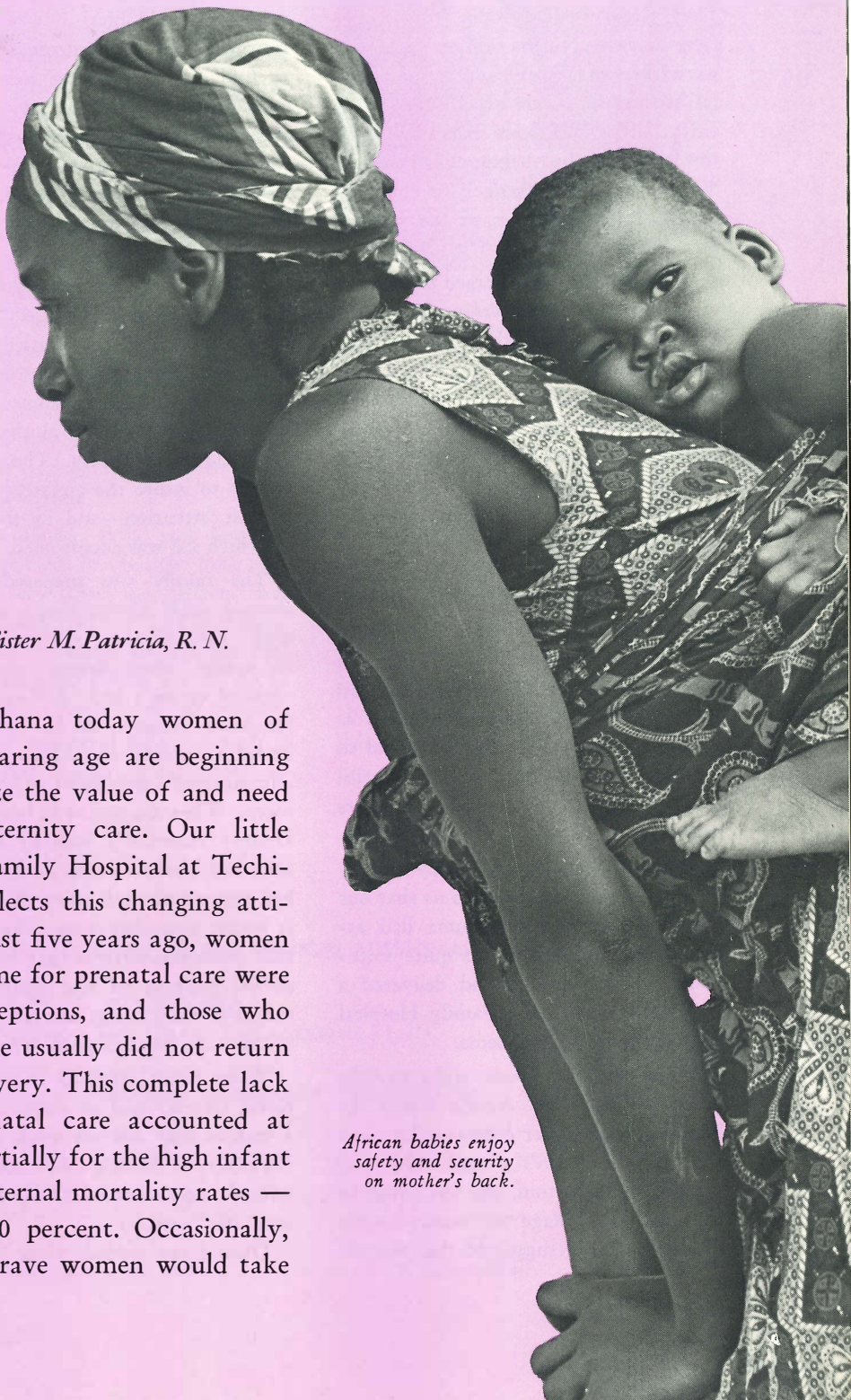
GERTRUDE VON LE FORT

THE CHANGING PATTERNS OF MATERNITY CARE IN GHANA

American women who are striving to master the "new" concept of "natural" childbirth may well envy the African woman, who looks upon the whole process as simply another activity, a work she must perform, and one that is expected to be perfectly natural. For this reason, there is no fear dominating her mind, but rather an urgency to get the job done quickly.

To give herself the outlet all humans need during hard work, the African woman, while giving birth, frequently cries out, "Me wu, me wu," (literally, "I'm dying," but actually meaning, "I'm dying to get this job over with)."

When delivery is completed, there is great rejoicing. If possible, in richer families, a sheep is killed and everyone must get a piece of skin, fat, meat and bone, which act consummates the celebration.



Sister M. Patricia, R. N.

In Ghana today women of child-bearing age are beginning to realize the value of and need for maternity care. Our little Holy Family Hospital at Techiman reflects this changing attitude. Just five years ago, women who came for prenatal care were the exceptions, and those who did come usually did not return for delivery. This complete lack of prenatal care accounted at least partially for the high infant and maternal mortality rates — 50 to 60 percent. Occasionally, a few brave women would take

African babies enjoy safety and security on mother's back.

a chance and deliver in the hospital. They were usually people from a different area — Nigeria or Togoland, who were travelling. They came to the hospital because they were experiencing difficulty; either they were exhausted from the labor they had begun elsewhere and did not have the strength to complete the delivery themselves, or the delivery was obstructed.

Our campaign encouraged patients to come for *complete* maternity care at the hospital. Pregnant mothers who brought their sick children were urged to see the Sister-Midwife also. Later a prenatal clinic was set up, and the maternity patients were seen separately from the regular clinic patients. This meant that the expectant mothers did not have to wait as long as the other patients. Their diets were discussed and other minor complaints taken care of. With the help of N.C.W.C., "extra's" to supplement their diet, such as milk and corn meal, were given with each visit. Since African women have always taken pregnancy as a matter of course, and are expected to work as usual during the nine months, this attention to the expectant mothers called for an adjustment on their part.

However, Amma's pregnancy and delivery was concrete proof to us that our program was feasible. Amma had attended our prenatal clinic quite faithfully. A friend who had delivered a healthy baby at Holy Family Hospital had persuaded her to come.

When she was about eight months pregnant, we asked Amma where she intended to have her baby—at home or with us? She hadn't thought about it. According to custom, she was going to her mother's village six weeks before the birth. Sister suggested that she tell her mother and husband that she should deliver in the hospital. In a few days she returned with her husband and mother to find out if she were sick and just exactly what Sister did say. When all three were assured that everything was normal, but that Amma should have her first baby in the hospital where she could be watched, they went home happy.

When the day for admission to the hospital arrived, the lorry drove up to the door; Granny emerged from the back seat, Amma was assisted from the front seat, and then out came the usual Ashanti household equipment—basins, buckets, small stools, cloths, sleeping mats and cooking pots. These were intended to insure the girl's receiving the utmost attention—and in the manner to which she was accustomed.

The family was prepared to wait around until Amma was safely delivered. First Granny entered the room to inspect; then Amma came in and climbed up on a bed. All went well as the Sister-Midwife did her examination under Granny's watchful eye. Sister administered a mild sedative and left the room. When she looked in later, she saw Granny frantically shaking Amma to keep her awake. Before, when Granny had seen women fall asleep during labor, it meant that they were exhausted and that death was near. A long explanation of the purpose of the medication satisfied Granny a bit, and she sat down on her tiny Ashanti stool again to wait.

When Sister inquired if Amma had eaten, Granny said an emphatic "No—a woman may not eat while in labor." However, at Sister's insistence, Granny offered to get some KOKO (a fermented corn meal cereal.)

During one period when Sister was

out of the room, in walked Afia, who was about to have her third baby at Holy Family Hospital. Afia was an old friend and knew her way around. She greeted all the Sisters very cheerfully; it was just as if she were coming for a little vacation. Afia's attitude toward childbirth was typically nonchalant. To her it was just a natural thing.

After *her* baby had come, Afia proceeded to tell Amma how to conduct herself, and, in general, how to manage the whole delivery. As Amma's labor progressed, Afia became more excited, repeating, from behind her screen, every instruction that Sister gave. Meanwhile, back at the veranda, Granny was calling in her own advice.

Finally, despite Afia and Granny, Amma gave birth to a healthy baby boy. When she saw that the delivery was completed and without any complications, Granny danced around the veranda, clapping her hands and trying to kiss the feet of everyone in the vicinity.

News of successful deliveries such as Amma's (no doubt spread most effectively by elated grannies) is an all-important factor in our campaign. That our "new" idea of a comprehensive maternity program has made some impression on the African mother—and grandmother—is shown by the changing statistics at Holy Family Hospital — attendance at the prenatal clinic increases daily; the majority of deliveries are normal; the infant and maternal mortality rates have decreased appreciably; and, in five years, the number of deliveries in the hospital has increased five-fold.

Sister M. Cephas holds up Amma's baby for granny to admire.

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Mother M. Benedict greets the Berekumhene.

THE CHIEFS CAME TO

DEAR FRIENDS: This is to say "hello" from Ghana and to bring you up-to-date on all the interesting things which have happened since I arrived in Africa shortly after the middle of July.

The trip to London aboard the Comet IV, a B. O. A. C. liner, was indeed very comfortable, and I had a seat next to a very interesting little boy, about twelve years old, who had only one leg. This little fellow had been born in England, but lived for ten years in the United States and was now on his way back to visit both his grandmothers for the summer. It was his first flight and he was really scared.

From London to Accra, I traveled aboard the Ghana Airways, BRITTANIA. The flight was made very much more interesting by the fact that school had just finished in England and fifty British children were on board the plane coming out to Ghana to spend the ten weeks' holiday with their parents. Also aboard the flight were Mr. and Mrs. Woods, who were coming to be the Catholic Relief Services' representatives in Accra.

Our plane arrived a half hour early and I looked around, but there were no Medical Missionaries in the airport. Because of the difficulty in the Congo, the

The chief arrives with all his retinue, Ghana, West Africa.

airport was very, very busy. Due to the shortage of aviation petrol, all inland flights from Accra to Kumasi had been cancelled so that I couldn't get to Kumasi that way. Finally, I was just about to go in search of a lorry to begin the 300 mile trip inland, when I turned around to see Sister M. Camillus driving up in the Kokofu volkswagen. You can imagine what a wonderful reunion we had. Sister told me there were five of our Sisters who were just finishing their vacation up in the new vacation house in Teteman and wouldn't I like to go up there first, before Berekum. I was very happy to say "yes."

Sister M. Camillus and I started out to drive the 150 miles from Accra to Teteman. Even though we had sent the Sisters a telegram that we were coming, they had not, of course, received it and so they were very surprised.

The following Sunday, we had to go to one of the missions of the Teteman parish, a place called Barada, to Mass. It was six miles from Teteman. Teteman is located about 3500 feet above sea level on the very top of a mountain in what was formerly British Togoland but is now part of the Republic of Ghana. The people in this area are very Catholic. Before World War I, the

German Priests were in charge. Since World War I, the Dutch S.M.A. Fathers have been taking care of the people. It was a real joy to be with them and see their spirit of Catholicity.

The next morning early, Father arrived to say that, after we had left to come back to Teteman, the Barada Chief (who is also the paramount chief of the Volta region), had sent for Father to say that he would like to come and visit us in Teteman at 4 o'clock that afternoon. It was not difficult for any of us to guess what his business with us could be. Always, everywhere, we are besieged to open new missions.

That afternoon the Chief with his linguist and one of the sub-chiefs arrived. There were great discussions and the Chief gave all the reasons why Barada was the best place around to have a hospital. He said that he had a great, big piece of land that he wanted to give us and insisted that we come the next afternoon to look at it.

On the afternoon of the day following his visit, Sister M. Gregory and I went down to look at the land. As we drove into Barada, the linguist was waiting for us and escorted us to the Chief's house. Inside, the Chief read a long letter giving all the reasons why the hospital should be there, requesting us to establish one. Then he presented us with two enormous cocks, a great big pan full of beautiful rice and a number of eggs. After that, we drove to see the land.

Before I left, I became very interested in the flag on the Chief's car and asked him if he would kindly explain it to me. The flag was yellow and green and red in honor of the national colors of Ghana. Also, there was some sort of symbol embroidered on it. The chief explained that this was a broom. He said, "You know what a broom is?" I said, "yes." He said, "This broom is made from palm leaves and the palm leaves are not very sturdy and they move back and forth and break rather easily. However, when the palm leaves are made into a broom, they are bound together and they are very strong. Therefore this is the symbol of the House of the Chiefs of the Volta region and it indicates that in union there is strength."

The next morning, bright and early, Father John came to say that the people in Teteman had seen us going over to Barada the afternoon before and that they were very disturbed. The chiefs and the elders of Teteman had spent the evening, until very late, in Father's house telling him that the hospital for that area should be in Teteman, and not in Barada. Also, Father said that the chief and all his elders and the whole townspeople were coming to visit us to present their case.

At 9 o'clock the following morning the sun was shining brightly. Along came the Teteman Chief under his umbrella, all dressed up, preceded by the jester carrying the golden ornament on top of stick and several other symbols and accompanied by one hundred or more people. The Teteman Chief is a very good Catholic. He has been to Europe and had an audience with Pius XII. According to the custom, we had all the chairs prepared. The Chief sat down, and we sat down; and then the Head Catholic of the town read two different addresses: one welcoming me to Teteman, and the second one presenting the need for the hospital. After reading these two addresses, he presented us with *three* cocks, more rice than the

Barada Chief, more eggs than the Barada Chief, all kinds of vegetables and six bottles of beer. During his speech, he made a slip and *said* there were five bottles of beer and immediately corrected himself, because to give anyone five of anything is a great insult; and actually there were six.

After the Head Christian had finished, the Chief spoke and all the elders spoke in turn, and they, too, said that they had a big piece of land that *they* wanted to give us, and that we must come that afternoon and look at it. So we agreed that we would, and off they went, quite happy. Of course, we told both the Barada Chief and the Teteman Chief that the possibilities of getting a hospital were not very good at the present but that we would certainly consider their request and put them on the list, as it were.

That afternoon we went again down into the valley to look at their land. Suddenly, it began to rain but this did not deter the Chief and the elders, who kept us plodding through the high grass in spite of it. You can imagine what we looked like when we finished. After we were back on the road again, I said to the Chief that it seemed to me that this piece of land was a good distance out of Teteman; that it was actually half way between Teteman and Barada; and I was wondering why they thought this was a good place for a hospital? It seemed that it was a little far from the town and also down in the valley and would mean that the sick people in Teteman would have to go down and come back up agin if there should be a hospital there. Before the Chief had a chance to reply, the Head Christian, who had been working on his farm and had just come down the road, spoke up and said, "Oh, Mother, that is no problem at all. We are intending to build a new town around the hospital."

(to be continued)

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HEALTH PLAN

SOCIAL SECURITY MEDICINE PROVIDES FOR THE FAMILY

"HERMANITA, como amanecio mi hijito? Como paso la noche?" (Sister, how did my little son appear at dawn? How did he pass the night?) It is only 7:00 o'clock in the morning and Sister is only now "dawning" herself and trying to find her way through the portals of the Pediatric Service, somewhat obscured by the small group of anxious mothers. They come as soon as it is light from "muy lejos" (very far) because a telephone in the home of an "obrero" (laborer) is a luxury and their anxiety is great.

Sister is expected to know all the answers even though she may never have seen the mother before and the Night Supervisor has taken care of her charges during the dark hours.

"Who is your little son?" she searches.

"The one we brought in "muy grave" last night," she says confidently.

"And what is his name?"

"Jose." What more can one say? The young mother has now completely identified her sick child and in order not to lose the mother's confidence by asking too many "stupid questions, I, the Sister, show her where to sit down to wait and I disappear behind the animal-curtained door to find out how is "Jose who came in "grave" (seriously ill) last night."

José, eyes sunken and skin toneless like so many others who arrive on the threshold of acidosis from vomiting, diarrhea and dehydration; or like Luz Marina, gasping for breath in her oxygen tent from an acute case of bronchial pneumonia; or pale, listless, anemic Maria Coromoto with her 30% hemoglobin, the effects of intestinal parasites . . . these are just a few of Venezuela's children who benefit from the nationwide social security plan to give medical assistance to the middle and lower working classes. They are members of families who are "asegurado" (insured) in the IVSS, Venezuelan Institute of Social Security, popularly known as "Seguro Social."

In order to belong to the IVSS, one of the members of the family must be earning from 1 to 1200 bolivars per month. (about $400.) He contributes to the support of the program with a monthly sum calculated on a sliding

scale according to his salary. His employee and the government each share a third of the burden. When he or his wife or one of his children is sick or in need of medical attention, he is entitled to appear with his "libreta" (a book showing that his membership payments are up-to-date) at the "Seguro" medical center for consultation, examination, treatment, or hospitalization, as the case may be.

The Instituto de los Seguros Sociales had its beginnings in the text of a labor law of 1936. In 1940, their recommendation for a social security regime became a political philosophy put into practice. Said one president of the Constitutional Republic, "We have the appointment to give to Venezuela what others could not and, still more, we are compelled to construct a country upon foundations that remain firm through contingencies, and that, by making each day more dignified, prosperous and strong, occupies for always a place of honor among nations." The law of obligatory social security was sanctioned and the Institute was founded. However, territorial extension of the national plan, a task of gigantic

IN VENEZUELA PEDIATRIC DIVISION

Sister M. Laura, B. S. N.

Fredy is one of the lucky children whose health has benefited by Venezuela's plan.

and extra-ordinary proportion, was slower to develop. Not until 1954 was Seguro Social initiated in Maracaibo, capital of the State of Zulia.

The formation in the State of Zulia of the Seguro Social was considered, then, a conquest of the "New National Ideal" that was to unfold with successful fecundity and respond to the necessities of the average Venezuelan. It is administered through a regional office and functions as several consultatory medical centers, depending on existing hospitals for extended medical assistance. As most hospitals in Venezuela are owned and operated by the government, the system of socialized medicine flowed in natural sequence. Distinct and unusual was the day that a contract was signed between the IVSS and the Medical Mission Sisters of Hospital Coromoto, a private general hospital. It was a contract for 24 beds and the use of existing auxiliary services in the Pediatric division for the beneficiaries of the social security plan.

Six medical residents of the IVSS were chosen and each in rotation becomes the attending physician for four children much as though they were private patients. In addition, each of the doctors works a 24-hour guard once a week, remaining on the service at all times, thus assuring the children of constant medical attention of the first quality.

One of the most memorable of the little ones that has made a healthy exit through these same animal-curtained doors is four-year old Fredy Dominguez. His dark eyes sparkled as he handed me his "milagro," a little gold tummy that must be hung on the statue of Our Lady of Coromoto in thanksgiving for his "miraculous" recovery. And miraculous it was. Fredy was admitted for an intestinal obstruction due to ascaris (round-worms) and other parasites. He lay in his crib not wanting to be disturbed, abdomen distended and painful, refusing to eat and vomiting what he drank. Within a few days a large red streak was noticed climbing up the abdominal wall. What to do? The surgeon hesitated to operate, knowing, after much experience in the field, that sutures probably would not hold. Not to operate meant taking an equally long chance that the perforation would heal itself. In either case, Fredy's prognosis was poor. Medicines seemed to have no effect, and he grew steadily worse.

Fredy's devoted father came faithfully before and after work "just to inquire." Always so simple and respectful, he didn't want to be seen, and make his son "discontented." He thought at one time to take him home to die, keeping the faith, but resigned, *Como Dios Quiera.* (Whatever God wants.)

Finally it became clear that an operation was a slim but only hope. Fredy was prepared with the best that could

be provided. The surgeon removed the ascaris that had caused all the trouble. For a few days Fredy seemed to improve. What happened then was what had been expected. The infection was too great even for modern-day miracle drugs. And he had a second perforation. Frequent cleansings were applied; more anti-biotics and high protein diet administered. Each day we expected to be his last.

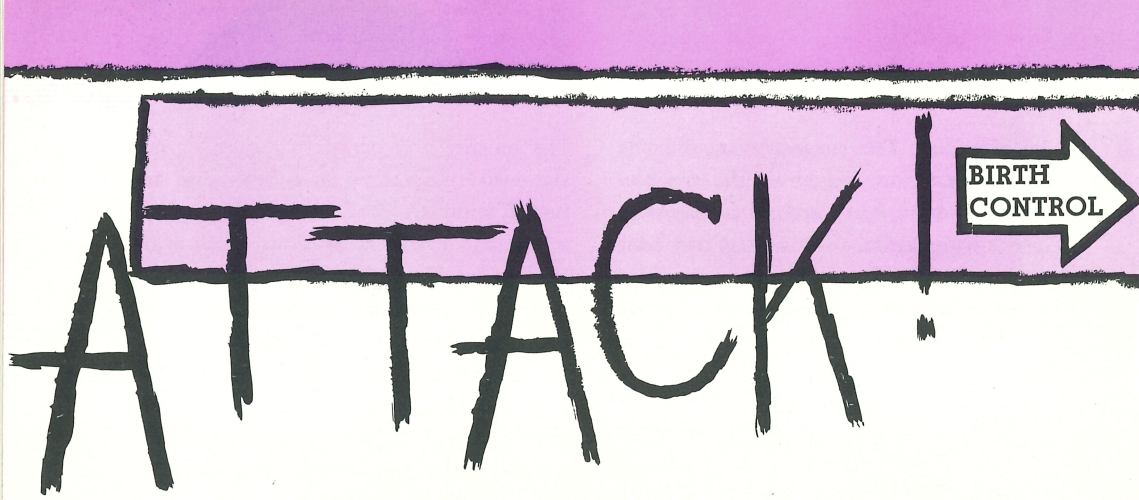
One day the Bishop came to Hospital Coromoto. He was told about Fredy and his permission was received to have him confirmed. His parents were delighted. They arranged for his "padrino" (Godfather) to come at the appointed hour and all helped push his crib to the Chapel together with drainage tubes and bottles. Fredy was too sick to react but the indelible mark of the Sacrament confirmed him in grace. He was a beautiful child in the eyes of man and of God.

Fortunately by this time, Fredy was able to absorb much of his rich diet and healing began to take place noticeably. His mother was permitted to stay past the visiting hour to help coax him to eat. Within six weeks after the initial operation, Fredy was operated on for the second time. He progressed steadily each day and soon the happy moment came. Mother, father, grandmother and sister came to take Fredy home. Such a happy, active youngster skipped about in a little navy blue suit, one would never suspect how sick he had been nor how close he came to joining the celestial nursery.

Fredy had been with us four months and had been the anxious concern of everyone. We were all contented but, Fredy's father had taken nothing for granted and appreciated fully the smallest service. He was grateful not only to *Dios y la Virgen* (God and the Virgin) and all the people he came to know at Hospital Coromoto, but to *Seguro Social* as well. He was a working man of ordinary means. How could he have brought health back to his son had he not been *asegurado?*

FREEDOM FROM HUNGER

FREEDOM FROM HUNGER. Under this title, the Food and Agriculture Organization launched on July 1, a six year campaign to mobilize world opinion and action in an effort to solve the world's food problem. By educational and research programs and development projects it is hoped to increase the yield from land and sea so that half the world's people need no longer go hungry or ill-feed. Doctor B. R. Sen, from India (center-below) is the present Director General of FAO, with headquarters in Rome.



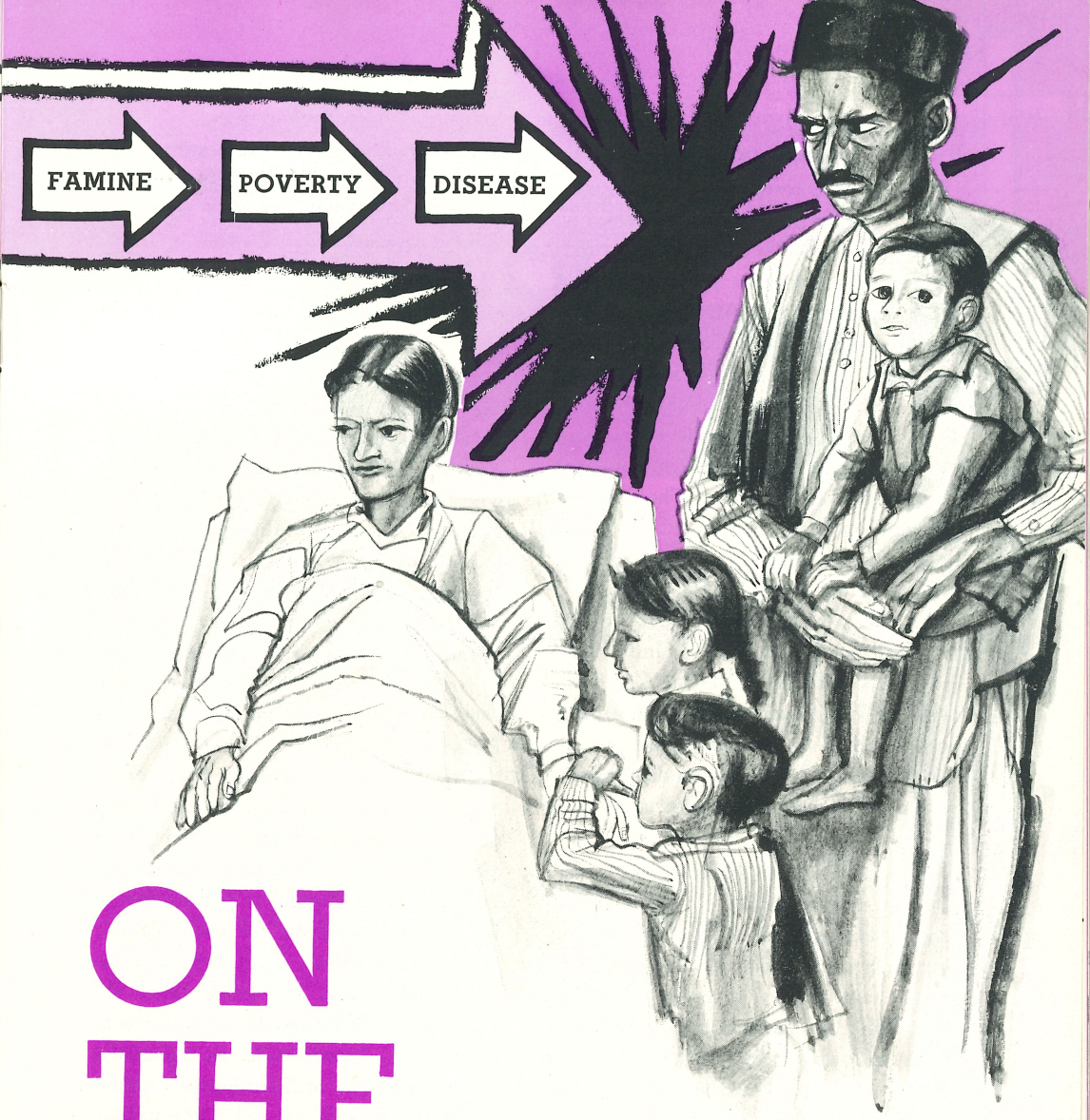
An Indian doctor gives her views on birth control

In stressing the benefits of artificial birth prevention, its advocates have either underestimated or completely ignored the harmful consequences attendant upon such a program. As people would have little confidence in a surgeon who would perform an operation that would give immediate relief at the risk of untold future pain, so the people of India must beware of a plan that is destined to put bread into their stomachs today, but a possible sword in their hearts in the future.

The Bishops of the United States in November, 1959 announced that "the promotion of artificial birth prevention is a morally, humanly, psychologically and politically disastrous approach to the population problem"; and Dr. R. S. M. Reynolds of the University of Illinois labeled the program "the counsel of despair." Concerned only with the material aspects of life, birth control advocates have neglected both the spiritual and social results of their so-called remedy for the ills of India.

Their remedy will eventually prove to be spiritually devastating for it encourages a married couple to frustrate the primary purpose of their union. Instead of helping each other to eternal salvation, they are thus contributing to each other's downfall. If parents are not spiritually strong themselves, what will they pass on to such children, as they might be permitted to have, by the proposed ideal of 2.7 children per family?

Those interested in the future of India argue that birth control is necessary, for the majority of the population is centered in the villages where poverty, hunger, and sickness are rampant, and where a large family of children stands little chance of survival. No one, however, can argue that *artificial* birth control *is* necessary or is the sole answer. Birth control through self control is the only approach to this complex problem. India must do more than put bread into empty stomachs; India must enrich empty lives, and one of the best means to this end is to teach man to control his basic drives and make him see the necessity of sacrificing present pleasures for future spiritual and more lasting gains. Here indeed is food for thought.



ON THE INDIAN FAMILY

Blanche Fernandes, M. D. (Bombay)

Could India Spare Gandhi?

While the adverse social consequences of artificial birth prevention are many, one of the saddest is the knowledge that the very program that pretends to help her is depriving India of the leaders and educated people she so badly needs. For regardless of the alleged necessity of birth control due to economic reasons, birth control is most widely practiced in India by the upper classes who have no economic excuse for it. The resultant shortage of leadership and educated people will be a far more serious handicap in raising the standard of living in India than any number of births among the less fortunate. Could India have spared a Gandhi or a Nehru? Yet if the artificial birth prevention program had been a little more advanced in time, perhaps these two great Indian leaders would never have been allowed to fulfill their destinies.

Mahatma Gandhi, India's great leader, advocated self-discipline and self-control as the only method of regulating the birth rate. India is now endeavoring to raise money to erect memorials to Gandhi, but the best memorial would be to follow Gandhi's doctrine and to develop an independent India that would be too strong to take the cowardly way out advocated for her by her more materialistic sister nations.

In addition to destroying the fabric of family life, the Family Planning Program (to give artificial birth prevention its more genteel title) will bring on a decline in moral standards once so high in India. If contraceptives are easily accessible to all persons, they are likely to be utilized by those who have no right to them. Even birth control advocates are forced to admit that clandestine relations of the unmarried, extra-marital relations of the married and sex crimes increase as a result of their program.

Attack on India's Family System

Limitation of the family by artificial birth prevention will also strike at India's age old family system. Close knit ties of family life, the backbone of Indian culture for centuries, will inevitably disintegrate and, from a people who have long looked upon being their brother's keeper as a duty of filial love, Indians will develop into selfish, ruthless individualists "whose God is their belly and whose glory is in their shame."

India's population problem rests squarely with her need for more food. 78% of the population is engaged in farming—against 12% in the U. S. Yet the soil is so neglected that crops amount to only one-sixth to one-fourth of the efficiency of the United States *yield*. Improved farming methods, not artificial birth control is the answer to India's food problems for the future.

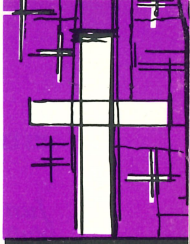
In the meantime, every day, a grain-laden ship leaves for India from the U. S. This will be repeated for the next four years according to an agreement signed last June in Washington, whereby the U. S. will sell India 587 million bushels of surplus wheat and 22 million bags of surplus rice. It will enable India to face the future with greater confidence. For the first time since 1951, India will have a fund reserve to ward off famine from possible crop failure.

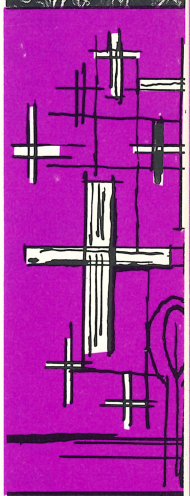
India must teach her people how to use science for production, rather than destruction, and she must find ways to raise her standard of living without robbing herself of her ancient spiritual and cultural heritage.

THE ECUMENICAL COUNCIL

THE MIND OF CHRIST

SISTER M. CUTHBERT, M. A.





Advent and Christmas are times when the division of Christendom, Christ's Kingdom which He came to win and will come again to claim, is particularly painful. Christ came to make all one, to reunite the human race into one great worshipping community. He will come again at the end of time to consummate personally and conclusively the common worship of all mankind.

We know it will be so and that history has this one function, to be a continuum of growth towards final unity. Yet from Christmas to Christmas we seem to grow no nearer to His second coming, no nearer to the oneness of the whole human race in worship. Every Christmas comes as another challenge: What ought we to be doing about reunion?

When we think of the Incarnation still going on, extended through space and time by the Church's missionary activity, we think of Christ becoming present in His Mystical Body everywhere because His members are present, sacramentally living His life.

When separated Christians of the West, that is Protestants, say that the Word must still be made flesh, they mean that the Bible, the living Word of God, must be made present and real and meaningful to all mankind. They think of the Bible as the sacramental contact of man with God as we think of the visible Church.

Perhaps the rift between us need not be quite so wide. If we live with the Church in her liturgy, Sacred Scripture is an essential part of our lives. There was a time when the Sacred Book was kept in the tabernacle with the Sacred Species. Even the *Imitation of Christ* speaks of the two tables of the Eucharist and the Scriptures. To be less of a Bible lover is not to be more Catholic.

Today there seems to be great hope among scholars of a Bible translation acceptable to the Church and to Protestants alike. This would be an important step to reunion but it might end there unless we as Catholics individually make the Church's Book our own.

SISTER M. STEPHANIE, R. N.

Just about a month before Christmas Eve the announcement is made from the pulpit in the Parish Church, "It is time for all the babies born at the Sisters' hospital to come for their party ticket."

CHRISTMAS GIFT

The Christmas Eve party-gift-day has become a tradition in the cocoanut paradise of Thuruthipuram South India.

The Sisters start their preparations early in November. The clothes so generously donated by you in the U. S. are unpacked and spruced up. New suits and dresses are made from the materials which you so generously sent. A parcel is fixed for each child with a card enclosed, wishing the family a 'Blessed Christmas'. This year we were fortunate to have plenty of bags from our milk supply, so everyone received his or her presents in a plastic bag.

Christmas Eve: We had given out about 100 party tickets and by 2:30 P.M. most of the mothers had arrived. A crib was put up in the hall, and our

students sang Christmas carols in Malayalam. After that each mother came forward to receive her present for her baby. Milk was distributed in the morning, and as we had some dresses and suits for bigger children, we picked out the poorest children and dressed them. You should have seen little Mary in the corner of the verandah, oblivious of all that was going on around her. She took off her rags and really struggled to get into her new dress.

Soon the word spread through Thuruthipuram like wild fire that the Sisters had clothes for distribution. One old lady left her empty containers and actually ran home to get her child so she would get a new dress for Christmas. When she came back she found to her great sorrow that the distribution of milk and butter oil was over. What to do? Instead of getting a new dress for her child, she was entirely left out—her containers empty. But she found Sr. M. Th. Pauline in the kitchen, and in her, a helper in need.

Christmas Morning: About 10:00 A.M. a delegation of little boys in rags appeared at the hospital. They had heard of the distribution of clothes the previous day. And here they were with a big smile showing the holes in their dirty rags. The rags would have fallen apart, had an attempt been made to wash them. How could anyone resist these little fellows? We soon found something for them and off they were, followed soon by another invasion of girls at least three times the size; they, however, had to go away empty-handed. We clothed about 150 children in all.

On the first Saturday there was First Communion in the Parish. During the morning, a little boy came to the dispensary to get his sore leg dressed. He was wearing one of the suits we had given out for Christmas. Mama had kept it for his First Communion Day.

R. I. P.

Please pray for our benefactors recently deceased:

Msgr. John F. Glavin, Albany, N. Y.
Very Rev. Edward F. Garesche, S.J., Framingham, Mass.
Rev. Kerndt M. Healy, C.S.C., Notre Dame, Indiana
Rev. John A. Molter, C.S.C., Portland, Oregon
Brother Cormac (Denis) Walsh, C.S.C., Flushing, N.Y.
Mr. Frederick J. Bohrer, Phila., Pa.
Mr. William Thomas Brown, Cardiff, S. Wales, England (Father of Sister Marie Estelle, S.C.M.M.)
Mr. Edward Collins, Queens Village, L.I., N.Y.
Mrs. Rosetta V. Finnin, Washington, D.C.
Mr. Joseph A. Gaeb, Syracuse, N.Y.
Mr. James Grimes, Westbury, N. Y.
Mrs. Rose Licausi, Queens Village, N.Y.
Mr. Nicholas Pascullis, Macon, Georgia (Brother of Sister M. Cabrini, S.C.M.M.)
Mrs. Mary Rauner, Hollis, N.Y.
Mrs. Mary Schmidt, Bellaire, N. Y.
Mr. Edward F. Schulties, Elizabeth, N.J. (Father of Sister M. Irene, S.C.M.M.)
Mr. Max Sorenson, Phila., Pa.

CHANGING PATTERNS IN MATERNITY CARE IN PAKISTAN

Sister M. Campion, S. R. N., R. M.

Bathing the new born baby — demonstration by student midwife, Holy Family Hospital, Karachi.

'Student Midwives' may sound a little strange in American ears. Yet, in almost every country in the world, except the United States, most of the normal deliveries are conducted by nurse-midwives. Here in Pakistan they are a much-needed group of women, and no nurse's three-year training is quite complete without the fourth year devoted to the study of Midwifery.

Holy Family Hospital, Karachi, West Pakistan is known mainly for its care of women and children, and for its Midwifery School. In October, 1958, Meherunnissa, a young Muslim wife, gave birth to a lovely baby boy, and of course the whole family was delighted with the first grandson. Our Midwifery students were delighted too, since there is always a fair amount of competition amongst them for the 500th and the 1000th baby of the year. The student gets a prize, this time a nice pair of red slippers, and the proud mother receives a complete layette — a lovely baby blanket, two little vests, binders, frocks, booties and a bonnet. There would be no other baby quite like hers when she took it out!

For the most part our students come from Christian backgrounds, but of two completely different types. The Punjabi girls are first or second generation Christians, converts from Hinduism before the Partition of India and Pakistan. Their families are poor, but are just beginning to realize the advantages of education and are ambitious to put the younger members through school and college. Daughters of hardy, hill-farmers, they are vivacious, painstaking in study, with the minimum of education; they make good practical nurses, but find bookwork very difficult. The Goans on the other hand, are mostly city girls, and have been Catholics for generations, from the time of St. Francis Xavier. They are usually bright students, possessing an assurance of Faith and culture, which combined with a good education makes them excellent nurses.

Lately we also have some Muslim girls coming to our hospitals to take Nurses' Training and then Midwifery. This is a result of a new attitude among the Muslims with regard to educating their daughters, but they are still very dubious about allowing them to become nurses. The modern Pakistani girl is coming more and more out of seclusion to take her place in all spheres of life. However, it is still only the brave student who enters the Nursing Profession and perseveres to the end.

Graduate Nurse-Midwives

The majority of our students are graduate nurses. During their year of Midwifery Training they are required to witness at least 20 cases, and also, forceps deliveries and Caesarian sections. They must examine in the Ante-Natal Clinic at least 25 patients, (again, ours see many, many more) and they receive lectures from an experienced midwife and a qualified doctor both on normal and abnormal obstetrics. At the end of the year, they are required to sit for the Government examinations (as they say here), both written and practical.

Shortage of Nurses

Nowadays, an all-out effort is being made to increase the number of nurses and midwives in the country, as the Government is keenly aware of the shortage. Apart from the many Training Schools for Nursing and Midwifery, Maternity and Child Health Centers

The whole family comes to admire the new baby which Sister M.Campion (the author) holds in her arms. Holy Family Hospital, Karachi, W. Pakistan

have been set up, and recruiting for Health Visitors is being done among the well educated families, mainly Muslim. The Health Centers give a two-year course in Public Health, and include the theory and practice of Midwifery in this with a special emphasis on home deliveries.

Student Health Visitors

These *student Health Visitors* have started coming to us for an affiliation of three months practical experience, besides going to other hospitals in the area. They are very keen, and some of them develop a taste for nursing during this time, and, if their parents agree, end up by taking the General Training afterwards, which is rather like putting the cart before the horse! Originally, the idea was for these girls to go out into the rural areas, setting up Health Centers in the villages to teach the rudiments of Health, Hygiene and Nutrition; as well as conducting deliveries in the homes with safer modern methods, and with knowledge to recognize abnormalties in order to send for medical aid in time.

The Need is Great

Consequently there is another course also, this is for eighteen months and is open to girls with a little less education and may be taken in the vernacular. (All higher education in Pakistan is in English, and exams are in English, which accounts for much of our difficulty when it comes to teaching the Punjabi village girls! The chief objective for this group is to provide unskilled assistance to mothers in rural areas which, up to this time, have been practically bereft of any type of trained attendants. As 85% of the people of Pakistan live in the villages, the need is great. We have had a few of these eighteen-month students pass through the school, but it is a hard struggle for them without the background of nurses' training. Of the six or seven we had, four have since gone to take their nurses' training, one is still working with us until she gets married, and one, who is a Religious, of the Sisters of Christ the King, is working in one of their own hospitals.

Another girl, Farooknissa, is the only one to go back to her village after she

came to us for one year of experience. Farooknissa will not have an easy task, and it will be interesting to see if she perseveres. She will have to gain the respect and confidence of the villagers first, and being young, this will not be simple. She will have to be friendly with the 'Dhais' (untrained midwives) so as not to antagonize them, (after all she has to live in the village!). But if she succeeds, she will have ample opportunity to teach the value of hygiene, good nutrition and the necessity for ante-natal care.

The lack of ante-natal care, as well as nutrition is the cause of most of the trouble. In Karachi, our students have plenty of experience in this, when patients who have not registered in our ante-natal clinic come in, in labor. These patients may have an anaemia so bad that the haemoglobin is only 2-3 gms., or 14—20%, and one wonders how they are walking around until another is admitted with an unreadable haemoglobin (rare, but it does happen). The effect of child birth on these is nearly fatal, unless they have received treatment during pregnancy, and even then it is serious.

Rickets is common, but osteomalacia (a disease of softening of the bones) is less common nowadays, although occasionally still to be seen, and even in the extreme stages when the patient walks almost double and normal delivery is impossible. Sometimes the pregnancy may be complicated with Malaria or Hookworm Disease.

During their year of training, we try to instill into our students the fundamental respect for the Image of the Creator in the soul of each mother and child, born or unborn, and of course, they get classes in Medical and Moral Ethics. This is a real challenge, when our students are such a mixed group, different classes and creeds, and different levels of education. But we want our Holy Family Nurses and Midwives to be not only well instructed in the theory and practice of Midwifery, but to develop a moral balance and sense of responsibility, becoming fit instruments in the hands of God, the Author of Life, while assisting him in the marvelous laws of human birth.

Medical Mission Sister, First Sister To Become A Fellow Of The American College Of Pathologists

Sister M. Francisco Fernandes, from Poona, India, received her degree of medicine, M.B.B.S., from the University of Bombay, India in 1950. In 1952, after specializing in pathology for one year, she entered the Medical Mission Sisters. After profession, Sister, returned to her specialty once more at Georgetown University in Washington, D. C. receiving a master of science degree in pathology in 1957. Finally, after 2½ years of further studies at Hahnemann Hospital in Philadelphia, Sister M. Francisco realized her goal, when she recently passed the examinations qualifying her as a Fellow of the American College of Pathology—the first sister ever to take these Boards. Sister Francisco will leave shortly for her mission post in India.

Sister M. Pierre, R. R. L.

little miss Tragedy

A Child, Once Again, Had Shown the Way.

Little 'Miss Tragedy' left the hospital today after a 110 day stay. Her 'big' sister, Razia, age 10, and second 'big' sister, Sahibina, age 9, came with their father to take the little tyke home, an excited trio, if ever I saw one. Miss Tragedy's long, hard struggle to raise her three pound birth weight to a respectable poundage had been their struggle too. Almost daily they had made the trip from their home to the hospital to check on their tiny one, ask if she had taken her food well, how she had stood the rigors of a cold night, whether or not she had gained even half an ounce, etc. She was precious to them, more precious than she realized, for she had been born at the price of her mother's life . . . her mother and their's, too.

It was a beautiful, sunny Sunday afternoon in November. Sister M. Bernadette was doing relief duty at the admission office. She had hardly settled herself when there was a clamor at the front door, excited voices in the air and a man rushed in . . . "Emergency, Sister . . . pregnancy case . . . bleeding!" Sister didn't wait to hear more. Stretcher . . . stretcher bearers . . . emergency room . . . call Doctor. Doctor was with the patient in a few minutes. A quick examination, a few pointed questions and the whole story was plain. The woman was eight months pregnant and had been bleeding for two days. Akhtar, a mother of 5, knew it was time to get to the hospital.

Doctor's face was serious as she called the relatives, explained her findings and gave them the verdict of surgery, a Caesarean Section, as the only hope of saving both mother and baby. It was only at this point that Sister M. Bernadette discovered that Akhtar's husband was not among the little crowd who had brought the patient in the tonga. He was away in Lahore on business and there was no possibility of reaching him. Neighbors, to whom he had more or less entrusted his family during his absence, had accompanied Akhtar to the hospital. The man most responsible after hearing Doctor's advice, approached Akhtar with the news, telling her very simply the need for an operation. As soon as she heard the word, operation, she shook her head "No" and no amount of persuasion could make her change.

The neighbors talked; Doctor explained, Sister Bernadette pleaded . . . Akhtar only shook her head the harder. Had her husband been present, he perhaps could have over-ruled the situation but as it stood, there was nothing anyone could do. The poor neighbors were distraught, realizing the seriousness of the case, and the head man stood helplessly wringing his hands as Akhtar uttered and re-uttered her firm "No operation." Finally, Sister M. Elise, M.D. laid down her ultimatum . . . permission for surgery or we could not assume the responsibility of admitting her into the hospital. Sadly, the neighbors helped Akhtar back into the tonga and drove off with her.

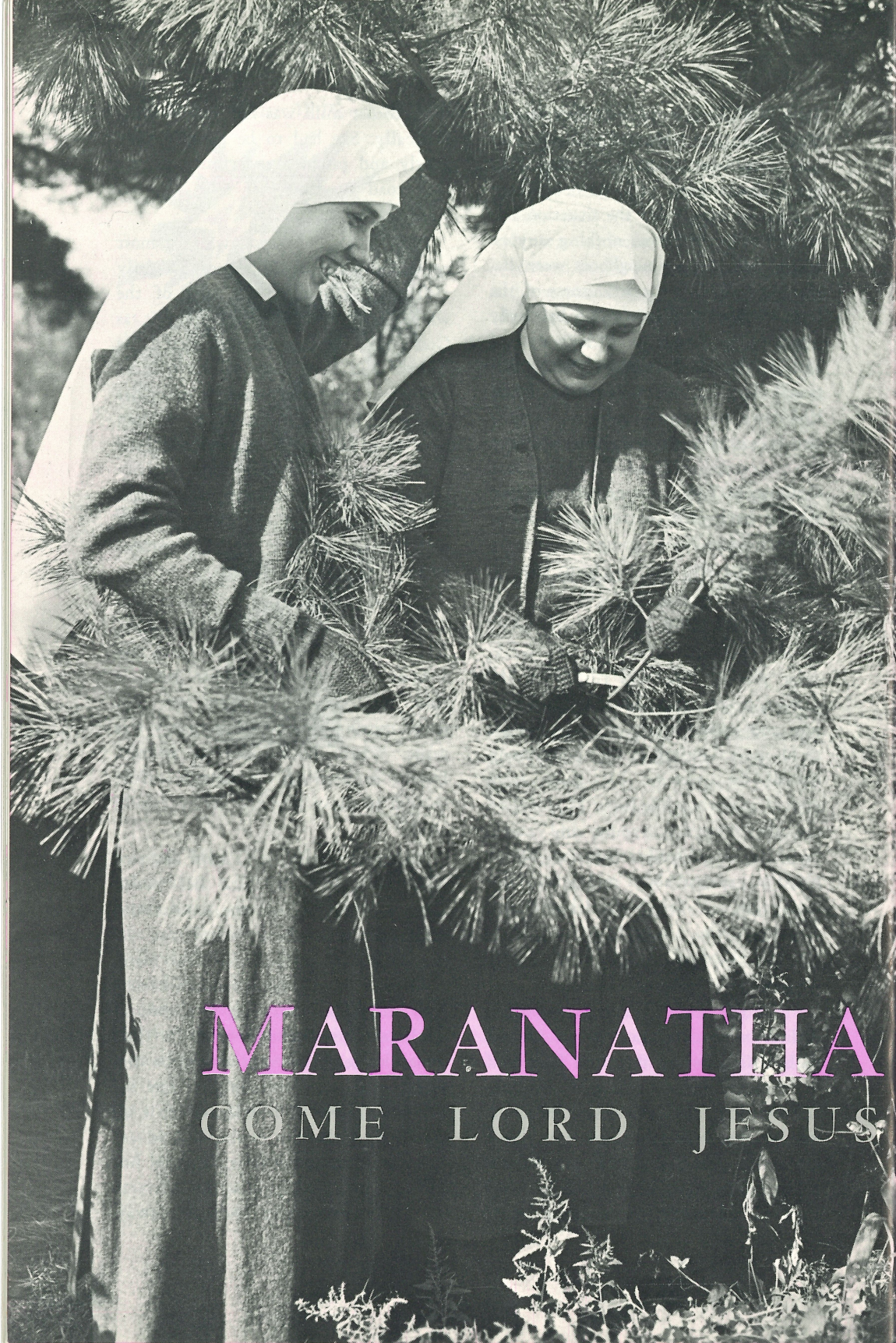
At 10:00 P.M. that same day, again a clamor of excited voices at the front door. Akhtar was back again, now completely bled out, pulse rapid and weak, color ghastly. She was rushed to the delivery room where Doctor did a version and extraction of a living female child, major surgery at that point being out of the question. I.V. fluids were started at once, while Sister M. Joachim did the necessary typing and cross-matching for a blood transfusion. Whole blood was started about midnight. Akhtar fought and fought hard but it was a losing battle. About 1:30 A.M. Doctor was called again, this time to pronounce the patient dead.

From the very beginning, wee little Akhtar won everyone's heart. To be such a little bit of flesh and bone and not have a mother to nurse and care for her struck a responsive chord all around. The nurses in newborn nursery might, on occasion, pass by one of the other babies but never Akhtar. Her formula was ready first and any bit of spare breast milk was her ration automatically. She had to be handled very gently and prodded every inch of the long road up from her 3 lb, 2½ oz. beginning.

Her father, of course, was the most concerned and seldom missed his daily visit. He had taken the news of the whole tragedy so calmly, seeing it as God's will, blaming no one. That little Akhtar had been born at the cost of his wife's life only seemed to make her dearer in his eyes. The other children took turns coming to see her and even a blind uncle who could do nothing but trace her features very gently with his hands and listen to the children's descriptions of her, was a frequent caller.

Slowly, through the cold winter days of December, January and February, Akhtar climbed along. Once there was a bout of enteritis, another time, a cold, but loving watchful care was never missing and a good recovery was made. When she reached six pounds, Doctor declared her big enough and fit enough to move into the loving family circle.

Today, they came . . . Father and two oldest daughters to take her home. Sister Gemma had all the instructions ready (actually, the girls had seen the hospital procedures and routine so many times they hardly needed much coaching) and helped wrap her in the warm clothing the girls had prepared for their little charge. Her world would be different from now on, complete but for a mother's love. The tragedy of it all was real, without a doubt, but in accepting it, adjusting to it, life still had much joy and happiness to offer. A child had, once again, shown the way.


MARANATHA
COME LORD JESUS

MARANATHA!

ADVENT is a time of waiting, bearing, listening, hoping, singing, "MARANATHA — Come Lord Jesus."

Novices gather evergreens to shape their own Advent Wreath. Its symbolism is pregnant with meaning as the season is pregnant with Christ, as each of us in imitation of the Maid of Nazareth *must* be — bearers of the Word of God.

The evergreen, the color of hope, forms a living ring and recalls to mind the ceaseless centuries in which the longing for the Saviour of the Nations was kept alive. The candles, one for each of Advent's four weeks symbolizing the 4000 years of expectation, remind us of the Light of the World coming to dispell our darkness and of the self-burning, self-consuming sacrifice we must make to "Prepare His way."

This message of penance is re-echoed in the purple ribbons by which the wreath will be hung from the ceiling. On Christmas Eve, the night of fulfillment and joy for all men, the ribbons will be changed to the Church's color of jubilation, white.

The Advent wreath is a symbol of an historical event, the center of History, Christ's coming; it is a symbol of Mary's "Behold the handmaid . . ." and John's "Not I, but He . . ."; it is a symbol of each man's waiting, listening, hoping, singing and bringing forth the "Expectation of the Nations." "MARANATHA — Come Lord Jesus!"

Sister M. Francine

NEWS FROM

INDIA Children are the Same

This afternoon someone rang five bells (Sister Nurse on call). There was a child downstairs who needed his stomach pumped. Before I came to India, I had only done a stomach-wash twice in my life, but now I am getting quite adept at it—plenty of practice. Every so often they bring a child who drank kerosene. Children are the same the world over — always drinking and swallowing the queerest things.

This particular child, however, hadn't been into the kerosene. His parents gave him some native medicine for worms. I surely hope it killed the worms, because it nearly killed him. It took stimulants, oxygen, and artificial respiration, besides the gastric lavage before he started to come around. You can never find out what is in this native medicine and it definitely complicates finding an antidote. In this case, we suspected some kind of opiate, because of his pinpoint pupils. For hospital use we need a special permit and are allowed only so much morphine, codeine, etc. per year, while the people buy crude opium on the open market — quantity limited only by the amount of cash.

Sister M. Suzanna, R.N.,
A.A.J.M. Hospital,
Thuruthipuram, So. India

INDIA Turkey in O. R.

Had a different type of operation a few nights back. Sister M. Dennis gave the local anesthesia. It was all the result of one of the turkeys getting crop bound. Sister Dennis made the diagnosis. I said, "Call the Vet." Sister Ignatius Marie said, "Read the book." So I sat down and read all about it, and after medical treatment had been tried and failed, we took the old bird to the OR and did the operation. He never turned a hair—I mean, a feather. Two days post-op, he was back on the old grass diet and trying like mad to bite out his sutures!

Sister M. Frederic, M.D., *Holy Family Hospital, Kurji, India*

PAKISTAN New Wing

We are in the last stages of getting ready for the move into the new wing. One of our problems was where to scrape and repaint fifty second hand beds? It is cheaper to have the work done under our own supervision, hiring extra workmen, rather than turn the beds over to be done on the outside. One of our workmen suggested a solution. Why not rent a *shamiyana?* So now we have a *shamiyana* in our back yard. It looks like a small circus tent. It does fall down sometimes when a strong wind comes up, but the workmen just laugh, rig it up again, and life goes on merrily. It is certainly better than having the men work out in the open, in June and July, with the temperature in the shade at about 100 degrees.

The beds came from the United States. When I sympathized with our workmen because the paint was so hard to scrape off, they just grinned and said, "Good paint, Sister, American." We cannot get paint remover, so all the scraping is done by hand.

Although the new wing is not ready for patients, we have had one patient there, one literally brought in from the

highways. One of the Fathers found him, sharing a back alley with buffaloes and oxen. He was old and very sick, wasted away by tuberculosis and drink, yet trying to care for himself. All the beds in the hospital were occupied, but we fixed up a bed in the new wing. Even without panes in the windows, and no electricity nor water, yet it was so much better than that animal-hangout, with mosquitoes by the million, flies, the stench of animals, dust and dirt, heat of a Karachi June, thirst, hunger, and loneliness.

The patient, Joseph, was admitted. One of our Rawalpindi Holy Family Hospital graduate nurses put Joseph to bed, took off the filthy clothing and bathed the neglected body. She handled him so gently and kindly, not once showing repugnance.

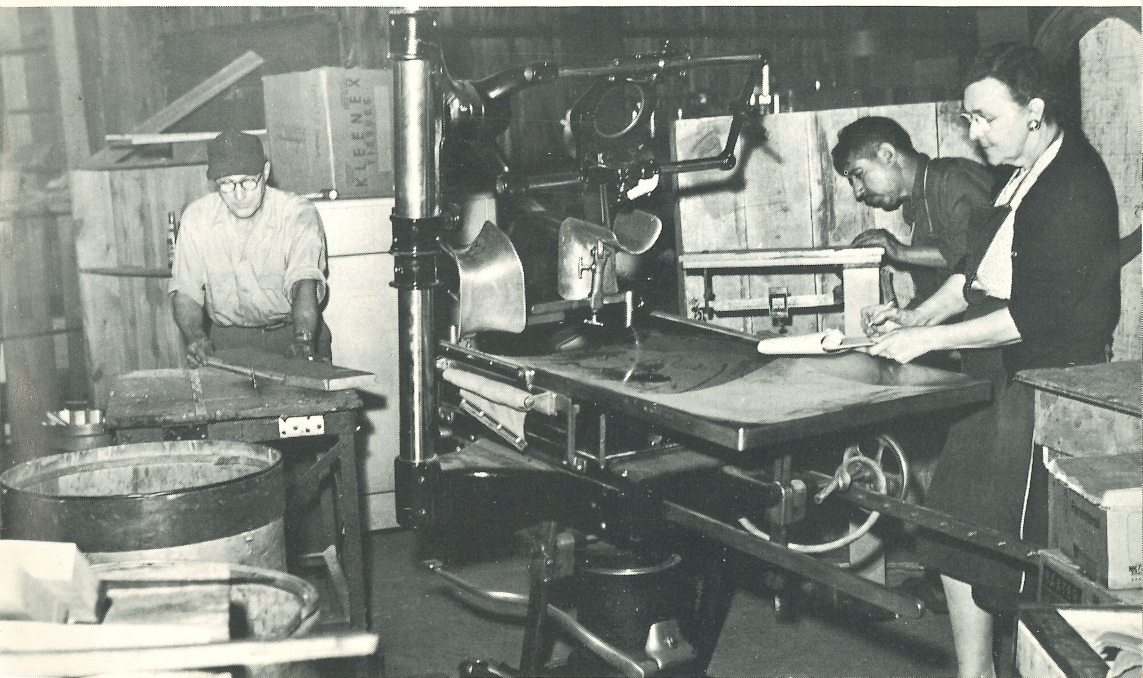
After a short time Father came to administer the last rites. How like the Gospel story, wherein guests were invited from the highways and byways for the banquet! After Father left, one of the Sisters reminded the patient that Saint Joseph is the patron of a happy death. He smiled and nodded his head, and then fell asleep. In the morning he received Holy Communion. Sister Lina prayed with him and then he fell asleep. He never awakened, but died quickly.

Each time this Gospel story is re-enacted before our eyes, it is an inspiration. What a privilege and responsibility is ours, in helping to prepare souls for heaven.

Sr. M. Dolores, B.S.N.,
Holy Family Hospital,
Karachi, W. Pakistan

DETROIT, MICHIGAN — World Medical Relief

Zealous and remarkable, Mrs. L. G. Auberlin, and helpers, M. Zamono and J. Bray crate beds, O.R. table, etc. for new Holy Family Hospital, South Vietnam. 33,000 lbs. were given in all by Mrs. Auberlin and her Executive Committee and volunteers of World Medical Relief, Inc.



TO NEW ASSIGNMENTS: Top to bottom: Sr. M. Kathleen, Novice Mistress, So. Shields, England; Sr. M. Cabrini, Sup. General's secretary, Rome, Italy; Sr. M. Cornelia, Regina Mundi College, Rome, Italy.

SOUTH VIETNAM — At Home

Due to the change in time we arrived in Bangkok in four hours, at 9:30 P.M. We had not quite made up our minds just where to go for the night, when suddenly a young woman came towards us and asked Sister M. Raymond if she were not Miss Dion from Sherbrooke, Canada? She was an old school friend of years ago, and now, Miss Bedard, is working as a lay missionary in Laos; temporarily she was staying in Bangkok to learn Siamese with the Sisters of St. Paul of Chartres. On Miss Bedard's advice, we went to their hospital for the night, and were treated like V.I.P.'s for the next forty-eight hours. We did some quick sight-seeing with Miss Bedard and for one afternoon we even had the Bishop's car at our disposal. God really took care of us!

On July 1st., we said farewell to Bangkok at 4 P.M. and at 8:30 P.M. we were in Sister Karen's arms in the Saigon airport. Sister Karen had been learning Vietnamese during the two weeks she waited for us to join her. Father Duschesne, M.M. and a charming young Vietnamese woman were also there to greet us and bid us welcome.

Sunday, July 3rd., we started off at 7:30 A.M. in Father Duschesne's Chevrolet. Father wanted to drive us to Quinhon, so we could see some of the Vietnamese landscape and we surely did. The country is just beautiful. We made an overnight stop at Nha-Trang. Because of the overcrowded condition of the convent, we had to stay at a little hotel. Again we had a good laugh when the bell boy, not understanding us, brought us three table napkins instead of bath towels!

Five P.M. on July 4th, after paying a short visit to His Excellency Bishop Chi, at the great Seminary, we arrived home—Holy Family Hospital, Quinhon! Needless to say, we sang a fervent TE DEUM.

SISTER M. MARGUERITE, R.N.,
Holy Family Hospital
Quinhon, South Vietnam

AFRICA Of Mice and Men

It was all very well planned: Sister M. Gregory was to play the organ, we were to sing the Proper of the Mass and the congregation would join in the Common, plus the extra hymns to be sung during and after the Midnight Mass at Christmas. Compline was said at 7:30, alarm clocks were set for 11:10 P.M.—so off we went all snug in our mosquito nets with dozens of sugar *paa paas* dancing round our heads.

At about 11:45 we set out for the Church to avoid the last minute crowds, and luckily we did! The three little holes in the organ screen and the first handful of notes told us that a family of mice were not only getting their room, but their board free of charge as well. Instead of the nice sounding notes an organ can usually sing—ours went 'ping, ping, ping! Didn't they eat the felt off the notes! Thanks to our little electrician who just happened to have a roll of mystic tape handy, we were able to improvise enough to have music. The church was crowded to capacity and then some.

We never have any trouble getting the people to sing—they may not know the words or notes, but if it's volume you want, we've got it. The rafters literally shook with "Silent Night" and "Adeste Fidelis." Father's chief catechist, who starts all congregational singing and prayers, has a 'booming' voice. He marches up and down the aisle staring at those who dare to stand with closed mouths and before you know it, they're wide open with noises coming out like everybody else's.

It was a joy to see the number of communicants. Even on an ordinary Sunday the number exceeds 200 but this was one of those special times. We felt like shouting "O clap your hands all ye nations."

SISTER M. MARTINA, R.N., *Holy Family Hospital, Berekum, Ghana*

ST. LOUIS, MO. — Prominent Surgeon leaves for Missions

Dr. Harry Purcell with his wife and five children sailed for New Delhi, India, where he will join the staff of our Holy Family Hospital. Mother M. Benedict, M.D. saw them off on the ship from Brooklyn, N. Y.

MISSION BOOKS

Sister M. Fabian, B. A.

THE MISSIONARY'S ROLE IN SOCIO-ECONOMIC DEVELOPMENT. Edited by John J. Considine. Newman Press, 1960. 330p. $1.75.

In the Spring of 1958 a meeting was held at Maryknoll to discuss the problem of socio-economic growth in the underdeveloped nations of the world, and in particular the obligations and opportunities of the missionary in the field.

Participants included world authorities in the social sciences, economics and health, as well as anthropologists and missiologists. The book is a compilation of the views presented on such topics as community planning and housing, health, agricultural development, and the ever thorny question of the so-called "population explosion."

Many of the participants were actively engaged in mission work and had tried out some of the plans they presented. The result is a combination of theory and actual practice. Much of the material is an airing of problems, rather than an offer of pat solutions.

NEHRU: THE YEARS OF POWER. By Vincent Sheean. New York, Random House, 1960. 306 p. $5.00.

Mr. Sheean brings to his work the experience of many years as a free lance reporter of world events. He has met Prime Minister Nehru many times. He was present at the assassination of Gandhi. The major theme running through the book is the position of Gandhi in the minds of the Indian people, and Nehru's place as heir to Gandhi.

Covering such troublesome questions as the Kashmir dispute, relations between India and Pakistan, the non-alignment policy of Nehru's government, as well as many domestic problems arising from a rapidly industrializing society, the slow growth of literacy, and the multilingual status of the country, Mr. Sheean always projects the best possible image of his subject.

On questions related to India and Pakistan, there is a tendency to present India's position in the more favorable light, but on the whole, he has attempted to remain objective.

MY HEART HAS SEVENTEEN ROOMS. By Carol Bartholomew. N.Y., Macmillan, 1960. 177p. $3.50.

Carol Bartholomew, with her three small children, accompanied her engineer husband to the Punjab, when he was American advisor on the building of the Bhakra Dam.

Written in the informal style of a diary, the book gives many insights into the life of the Indian people, but also into the life and thinking of Americans living in India.

Her experiences as a volunteer worker in an Indian hospital were both heartbreaking and rewarding.

LIFE WITHOUT CHRISTMAS?

Life without Christmas? What would it be—never to have laid eyes on that scene of Bethlehem with the Infant Saviour's outstretched arms, the deep adoration of Mary and Joseph, the Angels, the Star—never to have grasped the personal meaning of it all for life and eternity?

Few of us can fathom the darkness and desolation of a life devoid of Faith! It is only when we look into the faces of the sick and suffering who come by the thousands to our hospitals in the non-Christian and underdeveloped countries that we attain some realization of the depth of their spiritual misery and despair, without the gift of Faith.

Would you like to join our League of Gratitude? Realizing that gratitude for this gift can best be shown by giving it to others, members of the League offer thanks frequently for the gifts of Faith and health and give a regular monthly contribution to the Medical Mission Sisters who go as their envoys to mission countries. Members share in the prayers and works of the Sisters.

He Who Soweth In Blessings Shall Also Reap of Blessings!

Medical Mission Sisters, 8400 Pine Road, Philadelphia 11, Pa.

Dear Sisters:

I would like to share in your Apostolate by joining the "League of Gratitude." As long as I can, I will send $_____ a month. Please send me a monthly reminder. I realize that this is not binding in any way.

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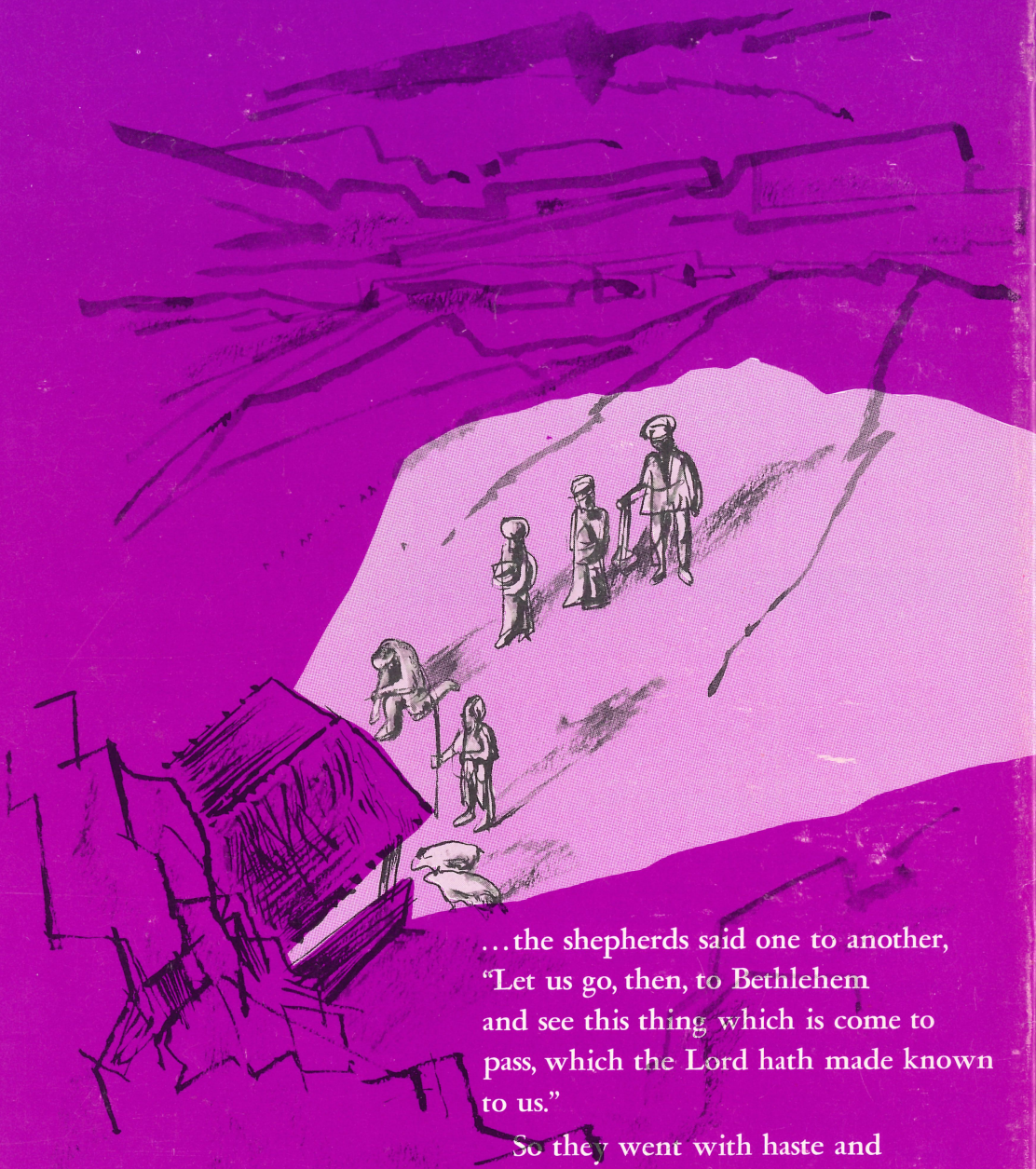
Mary in the Gospels



...the shepherds said one to another, "Let us go, then, to Bethlehem and see this thing which is come to pass, which the Lord hath made known to us."

So they went with haste and found Mary and Joseph, and the babe lying in the manger.

St. Luke, 2

(One of a series)